

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025845

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 23 1962

## 1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kirksville, Mo.

Length of stay in 1b

5 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Laughlin

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Adair

c. CITY

OR TOWN

Kirksville, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1106 S. Osteopathy

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Leona

Middle

M.

Last

Lineberry

4. DATE OF DEATH

Month

Day

Year

7

13

62

5. SEX  
Female6. COLOR OR RACE  
white7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
9-27-969. AGE (last birthday)  
65IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
House Wife and Janitor10b. KIND OF BUSINESS OR INDUSTRY  
Hospital11. BIRTHPLACE (City and state or country)  
New Boston, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

John Ivers

13b. MOTHER'S MAIDEN NAME

Armilda Garton

14. NAME OF HUSBAND OR WIFE

John Lineberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Moore 1106 S. Osteopathy Kirksville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

8 hours.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-12-62 to 7-13-62 and last saw her live on 7-12-62  
Death occurred at 5:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Describe or write)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

7-13-62

Bucklin

Bucklin,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Dee Riley Funeral Home, Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Permit renewed July 14, 1962

R. P. VALUCK, D.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.